

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/08/2014
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|--|-------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445445 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/08/2014 |
| NAME OF PROVIDER OR SUPPLIER CELINA HEALTH AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 120 PITCOCK LANE CELINA, TN 38551 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| K 018 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridor openings. National Fire Protection Association 101, 19.3.6.3 The findings included:</p> <p>On 7/7/14 at 7:00 PM testing of the resident room 309 door revealed the entry door required more than fifteen pound force (15lbf) to open the door</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 7/7/14</p> | K 018 | <p>K018</p> <ol style="list-style-type: none"> 1. The door strike was modified by the Director of Maintenance on 7/12/14 to reduce the tension of the door. 2. 100% of doors were audited by the Director of Maintenance on 7/12/14 to ensure that there are no impediments to door enclosures. No other doors were found to be affected. 3. The maintenance department was inserviced on 7/11/14 regarding proper door closures by the Administrator. 4. The maintenance director will examine the doors weekly for four weeks and then monthly for three months or until 100% compliance is achieved. All results will be reported to the Quality Assurance Performance Improvement committee comprised of the Medical Director, Administrator, Director of Nursing, Staffing Coordinator, Minimum Data Set Coordinator, Social Services, Activities Director, Dietary Manager, and Housekeeping Supervisor. | Completion Date 7/18/14 | |
| K 147 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD | K 147 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Paul Bosne

TITLE

Administrator

(X6) DATE

7/23/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUL 24 2014

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| K 147 | Continued From page 1 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintains the electrical system. The findings included: On 7/7/14 at 7:15 PM testing of the Ground Fault Circuit Interrupter unit within the beauty shop revealed the circuit breaker unit was found not working This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 7/7/134 | K 147 | K147 1. The Ground Fault Circuit Interrupter unit was installed on 7/18/14 by an Electrician. 2. A review of the electrical services in the building by the Director of Maintenance was conducted on 7/12/14 to identify any other areas of deficiencies. No other issues were identified. 3. The maintenance department was in serviced on 7/11/14 regarding proper maintenance of the electrical systems by the Administrator. 4. The maintenance director will examine the electrical systems weekly for four weeks and then monthly for three months or until 100% compliance is achieved. All results will be reported to the Quality Assurance Performance Improvement committee comprised of the Medical Director, Administrator, Director of Nursing, Staffing Coordinator, Minimum Data Set Coordinator, Social Services, Activities Director, Dietary Manager, and Housekeeping Supervisor. | Completion Date 7/18/14 | |

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